PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wit. applicable fee(s), to: Mail Mail Stop ISSUE _ E Commissioner for Patents P.O. Box 1450
Alexandria Virginia 22313

•			or Fax (dexandria, Vir 571)-273-2885	•			
INSTRUCTIONS: This appropriate. All further indicated unless correct	s form should be used correspondence included ted below or directed of	for transmitting the IS ling the Patent, advance therwise in Block 1, by	SUE FEE and PUBLICA orders and notification of (a) specifying a new corr	TION FEE (if rec	uired). Blocks will be maile	s 1 through 5 d to the curren	should be completed where t correspondence address as varate "FEE ADDRESS" for	
CURRENT CORRESPOND	itions.		(-) -[]	copondence addres	ss, and/or (b) 1	indicating a sep	parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block ! for any change of address) 22908 7590 01/28/2010				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
BANNER & WITCOFF, LTD. TEN SOUTH WACKER DRIVE SUITE 3000 CHICAGO, IL 60606				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
			<u> </u>				(Depositor's name)	
							(Signature)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	?	ATTORNEY	DOGUETALA	(Date)		
10/595,905 05/18/2006			Bernard Bourges		ATTORNEY I	<u>_</u>	CONFIRMATION NO.	
TITLE OF INVENTION:	SYSTEM FOR CONN	ECTING TWO SHAFTS	S IN TRANSLATION		007035	.00012	8782	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTA	AL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	04/28/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
GARCIA, ERNESTO 1. Change of correspondence address or indication CEP 1.2(2)		3679	403-313000					
CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	D RESIDENCE DATA	TO BE PRINTED ON T	HE PATENT (print or typ	e)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed								
(A) NAME OF ASSIGN	IEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
E.C.L.		France						
Please check the appropriate assignee category or categories (will not be printed on the patent):								
KPublication Fee (No small entity discount permitted)			Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. When Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).					
5. Change in Entity Status	(from status indicated a	ibove)						
NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (if requir	ad) will not be assented	b. Applicant is no longe from anyone other than the office.	r claiming SMALL applicant; a registe	ENTITY state ered attorney or	s. See 37 CFR ragent; or the a	1.27(g)(2). ssignee or other party in	
Authorized Signature		Date	115	10				
Typed or printed name		Registration No.	33,56	8				
This collection of information an application. Confidentialit submitting the completed appthis form and/or suggestions Box 1450, Alexandria, Virginia 22313-1 Under the Paperwork Reducti	for reducing this burden for reducing this burden ia 22313-1450. DO N 450.	SPTO. Time will vary done n, should be sent to the (OT SEND FEES OR CO	epending upon the individence of the control of the	ain a benefit by the ated to take 12 min lal case. Any comm U.S. Patent and Tra HIS ADDRESS. S.	nents on the ar demark Office END TO: Con	nount of time ye, U.S. Departm missioner for F	ou require to complete ent of Commerce, P.O. Patents, P.O. Box 1450.	
Under the Paperwork Reducti		ons are required to respo	and to a confection of inform	nation unless it disp	lays a valid Ol	MB control num	iber.	